

# Providence Academy

## International Student Application Instructions

Please complete all student applications carefully and completely before sending them to Providence Academy (P.A.). We always try to make admission decisions quickly, and incomplete information makes this very difficult! *Incomplete applications may be rejected and or will be reviewed after all complete applications.*

- Preference is given to electronic copy applications in PDF format.
- Do not staple any pages or send double-sided documents. For scanning purposes all documents need to be single-sided.
- We are particularly interested in each applicant's English skills and personal motivation. These factors are very important in the decision for acceptance to P.A.
- Applications must be received for August enrollment by **June 30<sup>th</sup>** and for January enrollment by **November 1<sup>st</sup>**. We will consider late applications only if an opening exist!
- We need 2 **smiling** passport size photos attached to the application in the designated boxes. Photos are shared with host families, so please make photos pleasing for introduction.
- The Student Essay must be a **full typed** page. Hand written essays are not accepted. Remember, the student's motivation for coming to a Christian school must be clearly understood.
- SLEP or SLATE tests are required; please make sure your staff administers the test and that you send P.A. the **scaled** score. Other tests are accepted; see school profile for required minimum test scores.
- Check all medical documents carefully. If immunizations are missing, the student's application will be put on **hold or may be rejected**.
- Student Interview – A staff member from P.A. will conduct a SKYPE interview with each student as part of the application process. The interview will be conducted in English. This opportunity is to gain knowledge of the student's English comprehension and personal motivations.
- The Birth Certificate Verification page must be **typed and verified**.
- Incomplete applications **will be placed on hold and could be rejected**. Use the *Checklist for Complete Application* to make sure that all necessary documents are included in a student's application.

# Providence Academy

## Checklist for Complete Application

### Documents not found in Student Application Pack

- SLEP/SLATE or other Test**
  - Scored (we require a minimum SLEP score of 52 or equivalent) for acceptance)
- Copy of Passport**
- 2 Smiling Passport Size Photos**

### Student Application Documents

- Student Information Page**
  - Must be typed
- Student Interview**
  - Completed by a Staff Member from P.A.
- Student Application: Basic Information & Information for Host Family**
  - Must be typed
- Student Essay**
  - Must be typed and written by the student
- English Transcript of Grades**
  - Last three years (or semesters) translated into American school standards
- English Teacher Recommendation**
  - Must be signed with contact information for teacher completed
- Health History & Release**
  - Parents must sign the Medical Release section of this form
  - Immunizations must be completed by a medical doctor
  - A Doctor's office stamp is required along with name and phone number of physician
- Birth Certificate Verification**
- Photo Album**
- Natural Parent Agreement**
  - Signatures acceptable from Natural Parents *only*
  - Foreign Partner must translate this document in it's entirety for non-English speaking parents
- Student Rules**
  - Signatures required by student and parents

# Providence Academy Student Interview

International students interested in applying to P.A. are to be personally interviewed by a P.A. staff member. Interviews will be conducted in English in order for the interviewer to assess the student's English language proficiency. A signed statement at the end of this form confirms that the student understands his or her responsibilities while participating in the P.A. International Program.

Student Name \_\_\_\_\_ Country \_\_\_\_\_

- Present Secondary School Level \_\_\_\_\_ Date \_\_\_\_\_
- Years of English in School \_\_\_\_\_
- Years of Private English Classes \_\_\_\_\_

## Student Expectations and Adaptability

How do you feel an American high school experience will change you?

What do you expect to be most difficult?

Describe your family life and your responsibilities at home?

What are your expectations regarding the following:

Host Family

School in America

## Academic Performance

Why do you want to study in the United States?

What do you like best about your present school?

Describe your study habits or homework?

Are you satisfied with your academic achievements?

**English Language Proficiency**

	Poor	Fair	Average	Good	Excellent
Oral Comprehension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written Comprehension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Verbal Expression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

**Personality**

	Poor	Fair	Average	Good	Excellent
Independence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flexibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Talkativeness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sociability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

**Student's Motivation for Choosing to study at P.A.**

	Low	Average	High
General interest in cultural exchange	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parental/Friend influence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wish to improve English and Academic ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sociability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

**Interviewer's Final Comments on the Program Qualifications of Student:**

I verify that the above interview was conducted primarily in English and that this student is capable of communicating in both written and oral English in an American school and host family. I believe this student understands the P.A. International high school program and that the student's expectations are compatible with the P.A. International program expectations. The student understands that P.A. is a Christian school and that participation in Bible class and weekly chapel service is mandatory. The student understands that the P.A. Administrator will determine the appropriate grade for the student and that a high school diploma is never guaranteed to International students even when a student completes the 12<sup>th</sup> grade.

\_\_\_\_\_  
Interviewer's Name (Printed)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Interviewer's Signature

\_\_\_\_\_  
Date

# Providence Academy Student Information Page

Student's Name: \_\_\_\_\_  
First
Middle
Last

**I-20 Information**

Country of Legal Residence: \_\_\_\_\_ Year of Program: \_\_\_\_\_  
 Country of Citizenship: \_\_\_\_\_ Month of Arrival: \_\_\_\_\_  
 Date of Birth (month/day/year): \_\_\_\_\_ Duration of Stay: \_\_\_\_\_  
 Place of Birth (City, Country): \_\_\_\_\_ Passport Expiration Date: \_\_\_\_\_  
 Passport Number: \_\_\_\_\_

**School Application Information:** (please circle)

Is the student currently studying in the U.S.? Yes/ no  
 If yes, where and with what organization:

Current type of School in Home Country:    public / private / boarding / other

Grade level student is currently attending:

8<sup>th</sup>    9<sup>th</sup>    10<sup>th</sup>    11<sup>th</sup>    12<sup>th</sup>

Grade level student is now applying for:

9<sup>th</sup>    10<sup>th</sup>    11<sup>th</sup>    12<sup>th</sup>

Has student attended an exchange in the U.S. previously?                      Yes / No

If yes, what program?    J1 / F1- high School / ESL / Other  
 School name and location:

Is the student intending to get a diploma from P.A.?    Yes / No

(This information is used to help place students in proper courses; it does not commit them to a longer program)

Does student need school credit? Yes / No

Does student need validation at the end of the program? Yes / No

# Providence Academy Student Application Basic Information

Place Smiling  
Photo Here

Intending to stay:  One Semester  One Year  2 Years  3 Years  Longer

Month of arrival: January or August Date of this Application: \_\_\_\_\_  
Month / Day / Year

Student's Name: \_\_\_\_\_  
First Middle Last

Home Address: \_\_\_\_\_  
Street City Country/Postal Code

Student E-mail address: \_\_\_\_\_ Cell phone of student while in U.S. \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Current Age: \_\_\_\_\_ Gender: male / female  
Month/ Day/ Year

Height: \_\_\_\_\_ Weight \_\_\_\_\_  
To convert meters to feet, multiply by 3.28 To convert kilos to pounds, multiply by 2.205

## PARENTS OR LEGAL GUARDIANS

I currently live with:  Mother  Step Mother  Other (who?) \_\_\_\_\_  
(Check all that apply)  Father  Step Father  Other (who?) \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_

Mother's Phone: \_\_\_\_\_ Mother's Email \_\_\_\_\_

**Father's Name:** \_\_\_\_\_

Father's Phone: \_\_\_\_\_ Father's Email: \_\_\_\_\_

What foreign languages do you speak or have you studied?

<u>Language</u>	<u>Years of Study</u>	<u>Proficiency</u>		
_____	_____	Average <input type="checkbox"/>	Good <input type="checkbox"/>	Excellent <input type="checkbox"/>
_____	_____	Average <input type="checkbox"/>	Good <input type="checkbox"/>	Excellent <input type="checkbox"/>
_____	_____	Average <input type="checkbox"/>	Good <input type="checkbox"/>	Excellent <input type="checkbox"/>

# Providence Academy Student Application Information for Host Family

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Country: \_\_\_\_\_ male / female Chosen English Name: \_\_\_\_\_ Age: \_\_\_\_\_

Languages you speak: \_\_\_\_\_

Would you accept a host family placement with a student from a different country? Yes / No

Grade level applying for: 9<sup>th</sup> / 10<sup>th</sup> / 11<sup>th</sup> / 12<sup>th</sup> / Post Graduate Year

Do you have any brothers or sisters?	Name	Age	Gender
	_____		
	_____		
	_____		

Mother:	<u>Name</u>	<u>Age</u>	<u>Profession / Work</u>
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Father:	<u>Name</u>	<u>Age</u>	<u>Profession / Work</u>
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Your Religion is: \_\_\_\_\_ Very active    Some interest    Little interest    No interest

Do you have any Allergies? \_\_\_\_\_ Vegetarian or food restrictions \_\_\_\_\_  
(list all known allergies)

Do you have any animals / pets? \_\_\_\_\_ Do you like animals / pets? \_\_\_\_\_

Smoking:    \_\_\_ I do not smoke.

              \_\_\_ I smoke occasionally, but agree to stop smoking completely while in the U.S.

Would you live with a family who smokes?    \_\_\_yes    \_\_\_no    \_\_\_yes, but if they only smoke outside

What do you like to do in your free time?

\_\_\_\_\_  
\_\_\_\_\_

What sports or after school activities would you like to participate in?

\_\_\_\_\_  
\_\_\_\_\_

Have you ever spent an extended time away from your family? If so, please describe this experience.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# Personality Traits

Use the following code to number only the activities that you are interested in:

1 = Active

2 = Interested

	Computers		Visit Museums		Swimming		Hunting
	Photography		Poetry		Badminton		Fishing
	Volunteer work		Theatre		Volleyball		Sailing
	Sewing		Watching TV		Golf		Camping
	Playing cards		Church Activities		Cycling		Hiking
	Paint/draw		Social Dances		Tennis		Martial arts
	Gardening		Movies		Football		Aerobics
	Indoor games		Woodworking		Basketball		Weight Lifting
	Stage Performance/Plays		School clubs		Skiing		Gymnastics
	Play Musical Instrument _____		Listen to music type _____		Track, Running, Sprinting		Snow Sports
	Choir /singing		Ballet / Dance		Baseball		Reading
	Politics		Reading		Ice Hockey		Cooking
	Babysitting		Animals, Pets etc.		Soccer		Horseback riding

Please mark topics that describe you with an X

Circle only **ONE** option on each line below

What would you rather do:

- |                     |                 |                          |           |                         |
|---------------------|-----------------|--------------------------|-----------|-------------------------|
| _____ Shy           | _____ Moody     | Spend time with Family   | <b>or</b> | Read a book             |
| _____ Talkative     | _____ Outgoing  | Use the Internet         | <b>or</b> | Spend time with friends |
| _____ Friendly      | _____ Serious   | Take a long walk         | <b>or</b> | Play sports             |
| _____ Patient       | _____ Sensitive | Cook dinner              | <b>or</b> | Clean your room         |
| _____ Temperamental | _____ Adaptable | Go out with many friends | <b>or</b> | Go out with 1 friend    |
| _____ Impatient     | _____ Neat      | Help your parents        | <b>or</b> | Study                   |
| _____ Stubborn      | _____ Messy     | Take care of animals     | <b>or</b> | Take care of children   |

Your Comments about your personality, please write at least two (2) sentences.




# Providence Academy Student Essay

Student Name: \_\_\_\_\_

This letter will be shared with your host family. Include a summary about why you want to study and live in another country. Describe yourself, and include information about your personality, family, daily life, home, school, interests and hobbies. You may use this form or create one of your own, but be sure your essay is **typed** and at least **one full page**.

# Providence Academy English Transcript of Grades

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
*First* *Last*

**Directions:** This is to be completed by a school official or teacher. List ALL the courses taken in the **past three years, including current courses**. If final grades are not available for current courses, list most recent grades/evaluation. Official school transcripts for all three years must also be submitted with this section.

**ORIGINAL TRANSCRIPTS IN NATIVE LANGUAGE SHOULD ALSO BE UPLOADED**

\_\_\_\_\_  
 School's Name Phone Number

\_\_\_\_\_  
 Street Address Postal Code City Country

Subject	Year:		Year:		Year:	
	Fall Semester	Spring Semester	Fall Semester	Spring Semester	Fall Semester	Spring Semester
Native Language						
- Literature						
- Grammar						
FL English						
FL French						
FL German						
FL Spanish						
FL Latin						
FL Other						
History						
Geography						
Politics						
Religion						
Philosophy						
Mathematics						
Physics						
Chemistry						
Biology						
Physical Education						
Art						
Music						
Semester Grade Average:						

# Providence Academy English Teacher Recommendation

Student's Name: \_\_\_\_\_ Country: \_\_\_\_\_

Home Address: \_\_\_\_\_

Dear Teacher,

In the selection of students for the Providence Academy Program, we are looking for mature, academic students who would represent their home country and school. This teacher's evaluation has proven to be a very reliable aid in our selection process. We would greatly appreciate your assistance in the completion of this brief questionnaire. The evaluation will be "confidential" so please be honest.

**Please complete the form in English (type or print). The following must be filled out and signed by the teacher.**

Teacher's Name: \_\_\_\_\_

Name of School: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_  
street city postal code country

Applicant is currently enrolled in grade: \_\_\_\_\_

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**Please provide us with information under "General Comments." This information is needed to properly evaluate the student.**

1. **English** - The English Teacher's Evaluation of a student's oral comprehension, writing, and speaking helps us determine whether a student is eligibility for the P.A. program.

### Comprehension

If the student is reading an English article, can the student do the following?

- Understand and explain the article in detail
- Explain the basic idea of the article (Understand 5 to 6 English words out of 10)
- Explain little or none of the article's meaning

### Writing

When asked to write a one page essay in English, the student can:

- Write using complex sentences, varied vocabulary and good grammar
- Write with only a few minor, irregular sentences and varied vocabulary,
- Write with incomplete, short sentences and limited vocabulary

**Speaking**

When speaking with someone who is fluent in English, the student can speak with:

- o Absolute understanding and proficiency of the language – The student communicates and uses varied vocabulary.
- o Some understanding and proficiency – Student responses come naturally and he/she has good speaking ability, but still needs practice.
- o Little understanding at all – The student may not be able to respond.

Additional comments on Student's English proficiency:

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**2. Overall Attitude at School** – Maturity and a student's attitude toward school and schoolwork is very important. What is your experience with this student's attitude toward school and schoolwork?

Does the student demonstrate cooperation and show respect to the school faculty and students?

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Does the student have a history of school absences or disciplinary problems?

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Please comment on the student's study habits and motivation, e.g., has the student ever held a position of responsibility within the school?

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**3. Overall Student Qualifications** – Based on your experience, how do you evaluate the potential success of this applicant as an exchange student in a foreign country?

- Very Good       Good       Average       Poor

Please provide further comments to aid us in our selection. Thank you for your cooperation and assistance.

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\_\_\_\_\_  
**Teacher's Signature**

\_\_\_\_\_  
**Date**

# Providence Academy Health History & Release

**This must be completed by a Medical Doctor (please print or type legibly)**

Student's Name: \_\_\_\_\_ Country: \_\_\_\_\_

Home Address: \_\_\_\_\_  
City Postal Code

Home Telephone: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: Female / Male  
Month / Day /Year

**Height:** \_\_\_\_\_ **Weight:** \_\_\_\_\_  
 To convert meters to feet, multiply by 3.28      To convert kilos to pounds multiply by 2.205

	Yes	No		Yes	No
Allergies	<input type="checkbox"/>	<input type="checkbox"/>	Heart Blood Vessels	<input type="checkbox"/>	<input type="checkbox"/>
Appendicitis	<input type="checkbox"/>	<input type="checkbox"/>	Malaria	<input type="checkbox"/>	<input type="checkbox"/>
Has Appendix been removed?	<input type="checkbox"/>	<input type="checkbox"/>	Pneumonia	<input type="checkbox"/>	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	Rheumatic Fever	<input type="checkbox"/>	<input type="checkbox"/>
Cancer Tumors	<input type="checkbox"/>	<input type="checkbox"/>	Scarlet Fever	<input type="checkbox"/>	<input type="checkbox"/>
Convulsive Disorders	<input type="checkbox"/>	<input type="checkbox"/>	Smallpox	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/>
Eating Disorders	<input type="checkbox"/>	<input type="checkbox"/>	Typhoid Fever	<input type="checkbox"/>	<input type="checkbox"/>
Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>	Thyroid Disease	<input type="checkbox"/>	<input type="checkbox"/>
German measles	<input type="checkbox"/>	<input type="checkbox"/>	Serious or Persistent Cough	<input type="checkbox"/>	<input type="checkbox"/>
Hepatitis	<input type="checkbox"/>	<input type="checkbox"/>	Serious or Persistent Headache	<input type="checkbox"/>	<input type="checkbox"/>
Hernia	<input type="checkbox"/>	<input type="checkbox"/>	Migraine	<input type="checkbox"/>	<input type="checkbox"/>
Been operated for hernia?	<input type="checkbox"/>	<input type="checkbox"/>	Ulcer	<input type="checkbox"/>	<input type="checkbox"/>
Other Abdominal Organs	<input type="checkbox"/>	<input type="checkbox"/>	Vertigo, Dizziness	<input type="checkbox"/>	<input type="checkbox"/>
Kidney Disease	<input type="checkbox"/>	<input type="checkbox"/>	Lungs, Respiratory System	<input type="checkbox"/>	<input type="checkbox"/>

*Any disease, impairment, or abnormality of:*

Eyes or Sight	<input type="checkbox"/>	<input type="checkbox"/>	Bones, Joints or Locomotor Sys	<input type="checkbox"/>	<input type="checkbox"/>
Ears or Hearing	<input type="checkbox"/>	<input type="checkbox"/>	Brain or Nervous System	<input type="checkbox"/>	<input type="checkbox"/>
Tonsils, Nose or Throat	<input type="checkbox"/>	<input type="checkbox"/>	Blood or Endocrine System	<input type="checkbox"/>	<input type="checkbox"/>
Has his/her Tonsils been removed?	<input type="checkbox"/>	<input type="checkbox"/>	Other _____		
Stomach or Digestive System	<input type="checkbox"/>	<input type="checkbox"/>	For female students only:		
Genito-Urinary System	<input type="checkbox"/>	<input type="checkbox"/>	Age of onset of menstruation: _____		
			Date of last menstrual period: _____		

Please give detailed information (including dates) regarding any disease or impairment mentioned on the first page:

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Has the applicant ever been hospitalized? Yes  No

If yes, please give date, diagnosis and description of illness or accident:

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Is the applicant currently taking any injections or medication? Yes  No

If yes, please give name(s) of medication(s), injection(s), and diagnosis:

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Does the applicant have a history or present evidence of nervous, emotional, or mental abnormality, i.e. neurosis, nervous breakdown, nervous fatigue, recurrent nightmares, sleepwalking?

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Is there any history of anorexia or bulimia? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please give details:

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Does applicant have any health limitations and/or any pertinent medical information necessary for QCCS to be aware of? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please comment fully:

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Will the applicant need any orthodontic care during the coming year? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, attach a statement from the Orthodontist, including patient's present status and date orthodontic care will be completed.

Has the applicant any history or present of any allergy?

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Applicant is allergic to what? (food, drug, pollen, animals, other)

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Reaction to allergy (e.g., eczema, hives, hay fever, asthma, other)

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Last known allergic reaction:

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Will the applicant need to have allergy medication while in the United States?

•Injected Medication (give names, dosages and dates): \_\_\_\_\_

•Oral Medication (give names, dosages and dates): \_\_\_\_\_

Has the applicant had asthma? If so, give details and dates:

In your opinion, the general state of applicant's health is: *Excellent*  *Good*  *Fair*  *Poor*

IMMUNIZATION RECORD FOR:

Student Name \_\_\_\_\_  
Date of Birth: Month \_\_\_ Day \_\_\_ Year \_\_\_\_\_

Please record all dates with MONTH/DATE/YEAR: (Example: 08/ 23 / 15)

DTP Needs 4 \_\_\_/\_\_\_/\_\_\_ \_\_\_/\_\_\_/\_\_\_ \_\_\_/\_\_\_/\_\_\_ \_\_\_/\_\_\_/\_\_\_ **Tdap** \_\_\_/\_\_\_/\_\_\_

POLIO \_\_\_/\_\_\_/\_\_\_ \_\_\_/\_\_\_/\_\_\_ \_\_\_/\_\_\_/\_\_\_ \_\_\_/\_\_\_/\_\_\_

MEASLES \_\_\_/\_\_\_/\_\_\_ \_\_\_/\_\_\_/\_\_\_ Date of Disease: \_\_\_/\_\_\_/\_\_\_

MMR OR MUMPS \_\_\_/\_\_\_/\_\_\_ \_\_\_/\_\_\_/\_\_\_ Date of Disease: \_\_\_/\_\_\_/\_\_\_

RUBELLA \_\_\_/\_\_\_/\_\_\_ \_\_\_/\_\_\_/\_\_\_ Date of Disease: \_\_\_/\_\_\_/\_\_\_

HEPATITIS \_\_\_/\_\_\_/\_\_\_ \_\_\_/\_\_\_/\_\_\_ \_\_\_/\_\_\_/\_\_\_ (Needs three)

VARICELLA \_\_\_/\_\_\_/\_\_\_ \_\_\_/\_\_\_/\_\_\_ Date of Disease \_\_\_/\_\_\_/\_\_\_

MCV4 \_\_\_/\_\_\_/\_\_\_

Has student ever had a BGC? Yes \_\_\_ No \_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

TB Test: date of test: \_\_\_\_\_ Result: Test was: \_\_\_ Negative (no TB) \_\_\_ Positive

Has Student ever had a chest X-Ray? Result: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Name of Physician		OR	Office Stamp (type or print)
Signature of Physician _____			
Street Address _____			
Postal Zone	City		
Date of Student Examination / _____ Month/Date/Year			

### PERMISSION FOR MEDICAL CARE /RELEASE FORM

We/I give our/my permission for my son/daughter to receive the immunizations in the United States if deemed necessary (DTP, Polio, MMR, TB Test or Chest X-Ray). Also as the applicant's parent(s) or legal guardian(s), WE/I agree to authorize Providence Academy or the Host Family to act for us/me in any emergency, accident, or illness during the period of time the student is involved in the P.A. Program. This covers the period of time the student arrives at P.A. until the student leaves the program and returns to his home country.

We hereby certify that the information given in this Certificate of Health is complete and accurate.

Signature of Father or Legal Guardian \_\_\_\_\_ Date: \_\_\_\_\_  
Month/Day/Year

Signature of Mother or Legal \_\_\_\_\_ Date: \_\_\_\_\_  
Month/Day/Year

## Immunization Requirements for American Schools

Please take this with you to the doctor's office

To attend school in the United States, the series of vaccinations required by the schools here MUST be completed prior to acceptance into school. If a student does not have the vaccinations required by the American school system, he or she will not be permitted to start school. An accurate and documented record of all immunizations is required as follows:

### **DPT**

4 Doses of DPT: (Diphtheria, Tetanus, Pertussis) Childhood series at 2 mo., 4 mo., 6 mos., 15-18 mo. , and 4-6 yrs.

*Note: If dose #4 is received after the 4<sup>th</sup> birthday, #5 is not necessary. There must be 4 weeks between doses #1, and #2 and #3. There must be 6 mo. between dose #3 and #4.*

A "Tdap" booster is now required on or after the student's 10<sup>th</sup> birthday.

### **Polio**

3 or 4 Doses of POLIO: Childhood series at 2 mo., 4 mo., 12-18 mo., 4-6 yrs.

*Note: If dose #3 is received after 4<sup>th</sup> birthday, #4 is not required. All doses of polio vaccinations should be at least 6 weeks apart. Student over 18 should receive IPC rather than DPV.*

### **Measles, Mumps, Rubella**

2 Doses of each or combined MMR: (Measles, Mumps, Rubella) Series of 2 vaccinations at least 1 month apart after the age of 1 year.

*Note: In the United States the Measles, Mumps, Rubella vaccination is a "combined" vaccination. If the vaccinations were given as individual doses of "Measles", Mumps" or "Rubella" two doses of each is required. If the student has had the disease, this must be verified through a blood test and one dose of the vaccination is required. SINCE THE*



*UNITED STATES VACCINATIONS ARE 'COMBINED' IF THE STUDENT NEEDS A DOSE OF ANY OF THE THREE UPON ARRIVAL IN THE U.S., HE/SHE WILL RECEIVE THE "COMBINED" DOSE. (Example: Student had Measles doses, 2 Mumps doses, but only 1 Rubella dose – he/she must receive the "Combined" Measles, Mumps, Rubella dose in the U.S.*

**Tuberculosis - TB Test**

All students must have had a Tuberculosis Test within six (6) months of the application. A Normal test result should be reported as a negative test. If a positive result was recorded, an explanation must follow and a chest x-ray must be completed.

**Hepatitis**

3 Doses - Most schools require hepatitis immunizations, it is better to have it completed prior to departure.

**VARICELLA**

Students must have 2 Doses of Varicella. If students have had Chickenpox, they do not need any Varicella vaccines.

**MCV4**

1 dose of meningococcal conjugate vaccine.

# Providence Academy Birth Certificate Verification

Father's Name

\_\_\_\_\_

First

Middle

Last

Mother's Name

\_\_\_\_\_

First

Middle

Last

We hereby certify that our son/daughter

\_\_\_\_\_

First

Middle

Last

was born in

\_\_\_\_\_ / \_\_\_\_\_

City

Country

on \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Student is: Male \_\_\_\_\_ Female \_\_\_\_\_

Month

Day

Year

According to his/her **passport**, is a legal **Citizen** of \_\_\_\_\_

Passport Number \_\_\_\_\_ Country \_\_\_\_\_

This student is a **Legal Permanent Resident** of \_\_\_\_\_  
Country

This is in accordance with the enclosed Extract of the Population Register.

\_\_\_\_\_  
Signature of Father

\_\_\_\_\_  
Signature of Mother

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Month

Day

Year

# Providence Academy Photo Album

Student Name: \_\_\_\_\_ Birth date: \_\_\_\_\_ Country: \_\_\_\_\_

Please create a photo album with some of your favorite photos of your family and friends. Be sure to use recent photos. You may use this form or create an album of your own.

(Place photo here)

Description of photo...

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Description of photo...

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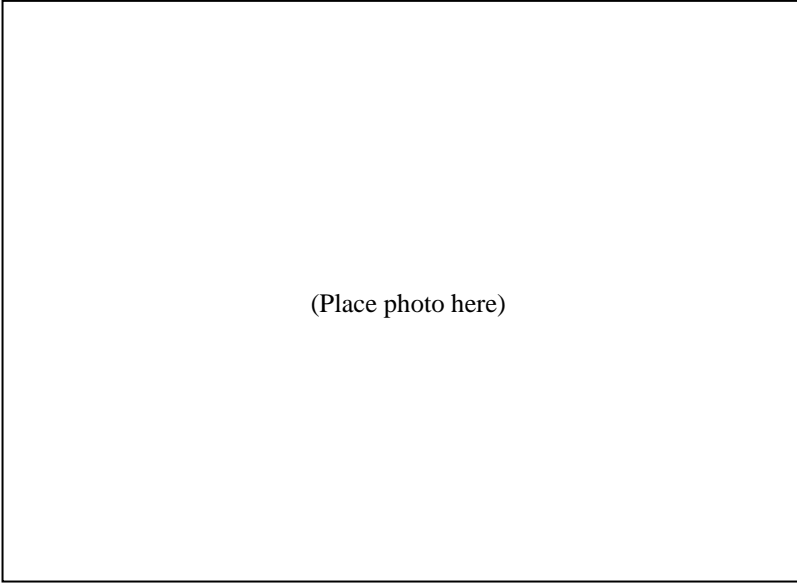
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(Place photo here)



Description of photo...

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Description of photo...

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